

Section 8 / Part 37

Effective Date: May 1, 2004

Length of Document: 1 page

## **Referral to Rehabilitation Services**

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## Referral to Rehabilitation Services

### **Consumer Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
County: \_\_\_\_\_ KAECSSES #: \_\_\_\_\_

### **Referral to RS**

EES Case Manager: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant for the following:

\_\_\_\_\_ TANF  
\_\_\_\_\_ GA  
\_\_\_\_\_ Food Assistance  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Child Care  
\_\_\_\_\_ SSI  
\_\_\_\_\_ SSDI

Recipient of the following:

\_\_\_\_\_ TANF \$ \_\_\_\_\_  
\_\_\_\_\_ GA \$ \_\_\_\_\_  
\_\_\_\_\_ Food Assistance \$ \_\_\_\_\_  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Child Care  
\_\_\_\_\_ SSI \$ \_\_\_\_\_  
\_\_\_\_\_ SSDI \$ \_\_\_\_\_

Status with EES:

\_\_\_\_\_ Exempt  
\_\_\_\_\_ Mandatory  
\_\_\_\_\_ Vountary

TANF Months used: \_\_\_\_\_ GA Months used: \_\_\_\_\_

Describe the basis of the consumer's incapacity/disability and attach copies of any available medical, psychological or psychiatric reports. (Such as: CAP2, CASAS, CDC/Vocational Assessment, SASSI, Self-Sufficiency Agreement, LD Information, Medical Providers, Psychological Evaluation, Initial Assessment Information, EES Screening Tool, Definitive Medical Report.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the consumer's interest in work or their feelings about work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consumer has been notified of the Referral: \_\_\_\_\_

**Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_